

2. Causes of Homelessness

Buried under the headline of a *Salt Lake Tribune* story by Joan O'Brien called "Poll Finds Active Mormons More Satisfied With Life Than Others" is stunning information about Utah's homeless population. O'Brien reported that a recent Utah poll showed "About 5% of respondents said they were forced to live temporarily on the street, in a shelter or with others some time during the previous twelve months. If that finding is applied to Utah's total population of 1.7 million, nearly 85,000 were homeless at some time last year."¹

This little-known piece of information could be dismissed as an aberration if there were not overwhelming supporting evidence. A Needs Assessment Survey conducted by the Mountainland Community Action Agency (Provo) in 1992 showed that between 26 and 33 percent of all low-income families had lived with friends or relatives during the past 12 months because of the lack of affordable housing. The survey also estimated that between 1,200 to 1,600 persons were doubled-up in Utah County alone. The *American Journal of Public Health* for November 1998 reports that "Converging evidence suggest that 3% of Americans have been literally homeless over the course of a 5-year period. Far fewer are without homes on any given night, indicating that, for many, homelessness is a temporary state."²

Over the last twenty years Americans who are persistently poor have fallen or been pushed into the abyss of homelessness in numbers unseen since the Great Depression. The Salt Lake County Council of Governments writes in a 1998 report that "Homelessness continues to be a challenge for Salt Lake County. Over the last twenty years, individuals, groups, and direct service providers have attempted to fill the immediate needs of people who are homeless while exploring long-range solutions to this major social concern. Past efforts by Utah's direct service providers have succeeded in developing a social infrastructure to begin to address homelessness, but have been hampered by well intentioned, but misplaced changes in social policy, lack of adequate financial support, and [absence of] comprehensive government policies."³

"Homelessness..." reported the *Washington Post*, "increased enormously starting in the 1981-1982 recession when many people... lost their jobs. At the start of the decade there were fewer than 250,000 homeless people, perhaps as few as 100,000. But by 1987 the number had grown to about 600,000..." and the *Post* reports that "virtually all were very poor before they became homeless." Researcher Martha Burt was quoted by the *Post* as arguing that "the major reasons for the sudden visibility of homeless people are that low-cost housing became less available in the early 1980s and the social and economic structures that normally sustained people with very low-incomes or with psychiatric, drug and alcohol problems also have declined."⁴

The upsurge in homelessness was not caused by an upsurge in mental illness and substance abuse because the rates for those problems have been fairly stable in the population as a whole; nor was the upsurge caused by the discharge of the mentally ill from hospitals to the care of community mental health centers (so-called "de-institutionalization") because that was completed a decade before homelessness became a serious social issue; nor were Reagan budget cuts for affordable housing the cause of homelessness, because, as Burt noted, "Until the 1980s, most who would become homeless lived in housing of their own—cheap flats, hotels, single-room occupancy (SRO) residential hotel rooms—even many of the mentally troubled and substance abusers."⁵

Social researchers have advanced four main hypotheses to explain homelessness: "persistent poverty, behavioral disorders, impoverished social networks, and loss of affordable housing."⁶ Persistent poverty is a significant risk factor for homelessness. "Incomes for the poorest fifth of single mothers in the United States sank from 33% of the poverty line in 1973 to 25% of the

¹Joan O'Brien, "Poll Finds Active Mormons More Satisfied With Life Than Others," *Salt Lake Tribune*, Sunday, February 27, 1994, pp. B-1, B-2, column 4. I thank Steve Erickson for drawing this information to my attention.

²Marybeth Shinn et al., "Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability," *American Journal of Public Health* 88 (November 1998) 1651.

³Salt Lake County Council of Governments, *An Analysis of Homelessness Within the Salt Lake Urban Area and Selected Policy Issues for Local Governments* (Salt Lake City: 1998), p. 1.

⁴Spencer Rich, "Dispelling Myths About Where America's Homeless People Come From," *Washington Post*, 4 December 1991, p. A23.

⁵Spencer Rich, "Dispelling Myths About Where America's Homeless People Come From," *Washington Post*, 4 December 1991, p. A23.

⁶Marybeth Shinn et al., "Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability," *American Journal of Public Health* 88 (November 1998) 1651.

poverty line in 1983 and stagnated there through 1994,” notes the *American Journal of Public Health*.⁷ The *Journal* also says behavioral disorders—mental illness, substance abuse, health problems, and imprisonment—“are frequent problems among homeless individuals.” However the authors of the *Journal* study go on to say that “substance abuse or domestic violence may lead to homelessness, but homelessness may also exacerbate substance abuse, precipitate depression, or create estrangement from social networks.”⁸

While these factors of poverty, behavioral disorders, and impoverished social networks are illuminating, none of them has the casual relationship to homelessness as the loss of affordable housing has. Researcher Martha Burt points out that there was a “deficit” of 4.9 million rental units at prices affordable to the poorest 20 percent of households could afford in 1990—twice the “deficit” of 1970. Further, wages for non-supervisory, non-professional workers have failed to improve and in fact lost ground, falling from \$183.41 in 1979 to only \$166.52, after adjustment for inflation, at the end of the 1980s. This has been complicated by the loss of manufacturing jobs in the cities at the same time programs aimed at assisting the poor were failing to keep pace with inflation—such as Aid to Families With Dependent Children, state supplemental income payments for the aged, and general assistance.

In April 1989, the Center on Budget and Policy Priorities published a report outlining the shrinking low-income housing market and the increasing demand for such units. In 1970, for example, the number of rental units that rented for no more than \$250 a month was approximately 2.4 million greater than the number of renter households with incomes able to pay rent at or below this level. In 1985, by contrast, there were nearly 3.7 million fewer units renting for no more than \$250 a month than there were households with incomes at or below \$10,000. This represents a loss of 1.8 million low-cost rental units

⁷Marybeth Shinn et al., “Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability,” *American Journal of Public Health* 88 (November 1998) 1651.

⁸Marybeth Shinn et al., “Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability,” *American Journal of Public Health* 88 (November 1998) 1652.

or a 19 percent decline. Moreover, of the 7.9 million units renting for \$250 or less, 800,000 were vacant households with incomes at or below \$10,000. This represents a loss of 1.8 million low-cost rental units or a 19 percent decline. Moreover, of the 7.9 million units renting for \$250 or less, 800,000 were vacant because of structural deficiencies or location.⁹

“To be poor in Utah, almost without exception, means to be poorly housed,” write the authors of *On Being Poor In Utah*.¹⁰ They go on to explain that “Nationally, mortgagors, housing experts, and the U.S. Department of Housing and Urban Development have concluded that no household should spend more than 30 percent of its annual income on housing. According to the Utah Department of Community and Economic Development, there are over 100,000 Utah households making less than 80 percent of the statewide median income and paying between 30 and 50 percent of their income for housing. Another 45,000 households are using over half their income in order to pay their rent or mortgage.... 85,000 low-income Utah families live in substandard housing in need of rehabilitation, and over 15,000 live in overcrowded conditions.” The authors go on to report that the National Low-income Housing Coalition found that in 1996 thirty-three percent of Utah’s renter households were unable to afford the rent for a one-bedroom unit, and 40 percent could not afford a two-bedroom apartment.” A family of three would need an income 1.48 times the poverty level to afford a two-bedroom apartment.¹¹

While the state of Utah has been more generous in the last six years in investing in affordable housing than in all the state’s preceding history, the major thrust of Utah’s homeless policy has been aimed at dealing with factors of poverty, the problem of behavioral disorders, and addressing impoverished social networks—all by using the case management model.

“Case management”, writes the Salt Lake County Council of Governments, “focuses on either an asset-based model (looking at the resources individuals bring to bear on their situation) or deficit model (identifying shortcomings individuals may have in achieving their goals), or a combination of the two models, putting responsibility to solve the challenges of homelessness on the individual.”¹² The report goes on to say that “Case-management based homeless programs benefit the individual and the public by ensuring adequate support for people who are homeless who are trying to overcome the barriers in their lives and by maintaining contact, providing ongoing support, and reinforcing success. Asset-based case management can provide quality data, focus on successful outcomes, and help achieve success. The utilization of case management emphasizes the importance of individual responsibility even though that person may suffer from multiple problems and have low self-esteem.”¹³ The report acknowledges the political realities of establishing new homeless facilities: “The community feels safer when residents of these units are receiving case management services, and concludes “Of course case management is only promising for those members of the homeless population interested in this type of intervention.”¹⁴

Case management focuses on the individual and so the success of case management depends to some degree upon the quality of the individual case manager. An effective case manager’s clients may succeed at the expense of clients of an ineffective case manager, because the case management model, standing alone, does not take into account systemic problems like more people chasing affordable housing units than are available. To illustrate the point, we can liken the search for affordable housing to a game of musical chairs. Because there are fewer musical chairs (affordable housing units) than players seeking chairs (persons seeking housing units), in spite of the most diligent search for chairs (effective case management), some players have to lose (housing needs cannot be met). Successfully developing one individual’s ability to locate and secure affordable housing effectively deprives another individual of an affordable housing unit, *unless the total number of units is comparable to the demand*. Therefore, case management in and of itself does not address systemic failings.

In March, 1994, staff of St. Anne’s Center in Ogden interviewed 62 clients to learn what homeless people themselves see as their

⁹*A Place to Call Home, The Crisis in Housing for the Poor* (Center on Budget and Policy Priorities and Low-income Housing Information Service, April 1989), pp. xii-xiii.

¹⁰Garth Mangum, Shirley Weathers, Judy Kasten Bell, and Scott Lazerus, *On Being Poor in Utah* (Salt Lake City: University of Utah Press, 1998), p. 209.

¹¹Garth Mangum, Shirley Weathers, Judy Kasten Bell, and Scott Lazerus, *On Being Poor in Utah* (Salt Lake City: University of Utah Press, 1998), p. 210.

¹²Salt Lake County Council of Governments, *An Analysis of Homelessness Within the Salt Lake Urban Area and Selected Policy Issues for Local Governments* (Salt Lake City: 1998), p. 39.

¹³Salt Lake County Council of Governments, *An Analysis of Homelessness Within the Salt Lake Urban Area and Selected Policy Issues for Local Governments* (Salt Lake City: 1998), p. 41.

¹⁴Salt Lake County Council of Governments, *An Analysis of Homelessness Within the Salt Lake Urban Area and Selected Policy Issues for Local Governments* (Salt Lake City: 1998), p. 41.

needs. All of their identified needs were for the practical resources of living; there was little demand for case management. Here is what homeless people are calling for:¹⁵

Food		74%
Shelter		66%
Employment		42%
Help with Food Stamps		42%
Clothing	37%	
Transportation		16%
Personal Hygiene Items		16%
Dental		14%
Help with Social Security		13%
High School Diploma		11%
Medical Help		8%
Legal Services		7%
Help with SSI		7%
Vocational Education		7%
Veterans Benefits	7%	
Mental Health		5%
Prescriptions		5%
AA Group	5%	
Spiritual Needs	5%	
Drug Rehabilitation		3%
Counseling		3%
Household Supplies		3%
Adult Education	1%	

¹⁵Report from Charles Rostkowski, director of St. Anne's Center, dated 14 April 1994 and received 18 April 1994.

The "13 warning signs" of homelessness published on October 17, 1993, in the Ogden *Standard-Examiner* were also most immediately related to finances and other resources:

- Paying 50 percent or more of your income for rent and utilities;
- Consistently overdue or late rent payments coupled with one or more utilities shut off;
- Some or all debts have reached the collections stage;
- Little or no cash reserves or other savings for emergencies like car repairs, unexpected medical bills or to cover lapses in income;
- No family or close friends nearby to help in a financial emergency;
- Alcohol or drug abuse in the home;
- Domestic violence;
- Undependable source of income, including irregular employment and child support payments;
- No lease or rental agreement with your landlord;
- Sub-standard housing, including plumbing, heating, ventilation or other dangerous situations where the landlord does not make repairs;
- Water shut off. If water has been cut off, the landlord or the city can evict you because living in a dwelling without running water is illegal;
- Living with friends or family in an overcrowded situation that wasn't meant to be permanent, but is;
- Poor or deteriorating relationship with your landlord.

A report in the *American Journal of Public Health* confirms the thesis that homelessness is essentially an economic problem resulting from a lack of affordable housing. New York University researchers who tracked poor and homeless families for five years concluded that "If homeless families had been randomly assigned to receive subsidized housing in a controlled experiment, we could now conclude that receipt of subsidized housing, rather than individual characteristics, was key to their long-term stability."¹⁶ "Subsidized housing was virtually the only predictor of residential stability after shelter." Factors such as mental illness, substance abuse, and impoverished personal networks were negligible. "Although our 'housing' variables could reflect individual problems that lead toward homelessness," write the researchers, "we believe that the insignificance of individual characteristics in predicting later stability, once subsidized housing is considered, suggests that 'individual' characteristics that predict shelter use may sometimes reflect the housing market...." Further, "mental or physical health problems did not appreciably cause family homelessness or impede later stability. Substance abuse at time 1 [that is, at initial interview in 1988] had a small association with shelter entry, and both substance and imprisonment had zero-order relationships with stability that did not hold up in the context

¹⁶Marybeth Shinn et al., "Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability," *American Journal of Public Health* 88 (November 1998) 1654.

of subsidized housing.”¹⁷ In other words, despite mental or physical illness, substance abuse, or imprisonment, 80% of those who achieved subsidized housing were successful in retaining that housing. This 80% can be compared with the control group which did not receive subsidized housing: only 18% of those families were housed¹⁸ by the study’s end.

Professor Marybeth Shinn explained in a press release accompanying the study that **“For the last six years, government and private foundations have worked under the assumption that behavioral disorders are the root cause of homelessness and that an individual cannot be stably housed until these disorders have been addressed. Our research refutes this assumption.** We found that subsidized housing succeeds in curing homelessness among families, regardless of behavioral disorders or other conditions. Whatever their problems—substance abuse, mental illness, physical illness or a history of incarceration—nearly all of the families in our study became housed when they received subsidized housing.” Professor Beth C. Weitzman, a co-author of the study, explains that “Our research indicates that homelessness is not a permanent condition. People do get themselves out of the problem. But it only happens when some intervention occurs that provides them with access to the housing market.” “The ability to identify families at risk of homelessness is not enhanced by examining social factors beyond housing,” conclude the authors.¹⁹

This data, then, supports the contention of the Salt Lake County Council of Governments that the best method to address homelessness in the county is to “encourage acceptance of a modified decentralization model which promotes local transitional housing and affordable housing in areas throughout Salt Lake County” and “Entities composing the Salt Lake County Council of Governments should provide affordable and transitional housing within their communities.” “Member entities should modify their zoning and planning ordinances to enable the development of decentralized transitional housing and affordable housing” and to achieve these objectives, “The State of Utah should provide greater financial support” for homeless and housing services.²⁰

Salt Lake County officials are preparing a “Crusade for the Homeless” under the leadership of community activist Jack Gallivan. A statewide “Crusade for Affordable Housing” will help end the housing game of “musical chairs” by insuring access to needed affordable housing and thus helping homeless persons achieve long-term housing stability.

¹⁷Marybeth Shinn et al., “Predictors of Homelessness Among Families in New York City: From Shelter Request to Housing Stability,” *American Journal of Public Health* 88 (November 1998) 1655.

¹⁸The researchers defined “housing stability” as having lived in one’s own residence for the previous 12 months.

¹⁹“NYU Study Says Affordable Housing is Best Cure for Family Homelessness”, press release dated Sunday, November 1, 1998 from Press Office, New York University, 25 West Fourth Street, New York, N.Y. 10012-1199.

²⁰Salt Lake County Council of Governments, *An Analysis of Homelessness Within the Salt Lake Urban Area and Selected Policy Issues for Local Governments* (Salt Lake City: 1998), pp. 1-8, 55-59.

The Salt Lake County Council of Governments offers the following recommendations, which are so encompassing as to be of importance statewide:

A. Recommendations

1. Governance

State of Utah

- a. The need for a statewide *Continuum of Care* Plan is best addressed by the State Homeless Coordinating Committee partnering with local county homeless coordinating committees and other interagency networks. This collaboration can support local efforts by providing models of *Continuum of Care* Plans for areas of the state which do not yet have such Plans and by assisting with their implementation efforts.
- b. The State Homeless Coordinating Committee should call together direct service providers from across the state to update the *Standard of Ethics for Homeless Providers* to insure that services are provided with compassion and proper “quality control.”

Salt Lake County Council of Governments

- c. The COG should provide governing principles for the *Continuum of Care* Plan: to fund the services in the *Continuum of Care* adequately, to site service facilities appropriately, to deliver compassionate and high quality services, to maintain a responsive *Continuum of Care* Plan by seeking input of all partners in regular goal and performance evaluation, and to use its influence to foster cooperation among the communities and leaders of Salt Lake County.
- d. The COG should endorse the *Continuum of Care* as a comprehensive approach for addressing the long-range challenges of people who are homeless.

Human Services and Housing Committee (COG)

- e. The Human Services and Housing Subcommittee of the Salt Lake County Council of Governments and the Long-Range Planning Committee for the Sheltering of People Who are Homeless should sponsor regular meetings with direct service providers to report on each partner’s progress in implementing the *Continuum of Care* objectives. These partners can then provide quarterly reports to the COG on issues of mutual concern.
- f. The Human Services and Housing Committee will serve as a catalyst to:
 - i. Promulgate and achieve acceptance of the governing philosophy,
 - ii. Promote cooperation among service providers,
 - iii. Exercise moral suasion on behalf of people who are homeless or at risk of becoming homeless,
 - iv. Increase public awareness, and
 - v. Assist direct service providers in working with local governments on location issues.

Member Entities

- g. Member entities of the COG should appoint an authorized representative to serve as a member of the Long Range Planning Committee.
- h. As the primary provider of human services for residents of Salt Lake County, County Government should take the lead in coordinating the planning and administration of homeless and homelessness prevention services, relying on the *Continuum of Care* Plan developed by the direct service providers.

Direct Service Providers

- i. Direct service providers should coordinate efforts through a strengthened Salt Lake County Homeless Coordinating Committee. This Committee should interact on a regular basis with the Long Range Planning Committee.
- j. All partners should endorse the *Continuum of Care* as a comprehensive tool for addressing the needs of people who are homeless or at risk of becoming homeless.

1. “Warehousing” and Case Management

Salt Lake County Council of Governments

- a. The COG should endorse the use of case management where appropriate to insure that resources which are generated meet the gaps identified in the *Continuum of Care* Plan.

Direct Service Providers

- b. Direct service providers should implement appropriate case management as their primary tool for tailoring services to the needs of people who are homeless.

2. Centralization vs. Decentralization

Salt Lake County Council of Governments

- a. The COG should encourage acceptance of a modified decentralization model, which promotes locating transitional housing and affordable housing stock in appropriate areas throughout Salt Lake County.

Member Entities

- b. Entities composing the COG should be encouraged to provide affordable and transitional housing within their communities.
- c. Member entities should be supported in modifying, if needed, zoning and planning ordinances to enable decentralized transitional and affordable housing to be provided.

Direct Service Providers

d. Direct service providers should take the steps to assure local entities that services provided within their communities will be carefully supervised and case managed as needed. Direct service providers should insure that the *Continuum of Care* is being implemented appropriately in local communities.

3. Financial Obligations

State of Utah

a. The State of Utah should provide greater financial support for homeless and homelessness prevention services located within Salt Lake County: target the Homeless Trust Fund to receive \$1.5 million annually, adding significantly to the underfunded Critical Needs Housing Program; continue to appropriate at least \$3,000,000 a year for the Olene Walker Housing Trust Fund; and continued support for the Emergency Food Network; all of this will insure that adequate financial resources are available to implement long-term solutions.

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b. The Salt Lake County Council of Governments should actively support the *Crusade for the Homeless* campaign.

Member Entities

c. Member entities should endorse the private fund-raising efforts of direct service providers.

d. Member entities should continue to fund homeless and homelessness prevention services at current, or increased levels.

e. Examine and implement creative approaches for increasing the number of transitional and affordable housing units within their jurisdictions.